



National Center on
Substance Abuse
and Child Welfare

IN-DEPTH TECHNICAL ASSISTANCE (IDTA) INFANTS WITH PRENATAL SUBSTANCE EXPOSURE SITE PROFILE

DELAWARE

LEAD AGENCY: CHILD PROTECTION ACCOUNTABILITY COMMISSION OF DELAWARE

LOCATION: GEORGETOWN, DE

PROJECT ABSTRACT

From September 2016 through September 2018, the state of Delaware received In-Depth Technical Assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW). The two-year engagement focused on: 1) addressing infants with prenatal exposure and their families; and 2) implementing legislation, policies, and protocols to align state practice with federal changes in the Child Abuse Prevention and Treatment Act (CAPTA).

Delaware's cross-disciplinary group, the Child Protection Accountability Commission (CPAC), "monitor[s] Delaware's child protection system to ensure the health, safety, and well-being of Delaware's abused, neglected and dependent children." CPAC empaneled the Substance Exposed Infant (SEI) subcommittee to apply for IDTA and provide oversight of the engagement. The IDTA effort was co-led by Jennifer Donahue, Child Abuse Investigation Coordinator out of the Office of the Child Advocate, and Trenee Parker, Director, Division of Family Services (DFS) in the Department of Services for Children, Youth and their Families.

MAJOR PROGRAM GOALS

Goal 1: Address universal screening during pregnancy: The core team along with partners conducted surveys of OB-GYNs and hospitals to better understand screening and testing practices to identify substance disorders during pregnancy. They found inconsistent use of prenatal screening and testing across hospitals and providers.

Goal 2: Build a system of care to support providers working with pregnant women with substance use disorders: The core team identified a need for increased multidisciplinary teaming to support pregnant women with substance use disorders and their infants. The core team applied for a Regional Partnership Grant (RPG) to support teaming between child welfare and substance use disorder treatment.

Goal 3: Implement a statewide protocol for plans of safe care (POSC): The core team drafted Aiden's Law, which aligns local practice with federal changes in CAPTA. During IDTA, the law

passed, and the team worked to implement the law through local practice changes, including implementing a statewide POSC protocol.

Goal 4: Maintain an awareness of the effects of stigma: The core team is developing strategies to address stigma associated with parents with substance use disorders—especially pregnant women—and those on Medication-Assisted Treatment (MAT). The group is also working to redefine how child welfare is perceived, including clarifying the role of POSC.

ACCOMPLISHMENTS

Address universal screening during pregnancy: The core team developed materials that highlighted the use of screening tools and legislation that requires prenatal care providers to discuss the dangers of substance use during pregnancy with their patients. The team also supported the Division of Public Health in developing materials for Obstetricians & Gynecologists (OB-GYNs) that outlined screening practices and tools. Additionally, the state rolled out the website “Help is Here DE” (<http://www.HelpIsHereDE.com>), which provides screening tools, information on addiction, and information on accessing substance use disorder treatment.

Build a system of care to support providers working with pregnant women with substance use disorders: The core team developed the Delaware Healthy Outcomes with Parent Engagement (DE HOPE) model and applied for the RPG. The DE HOPE initiative provides a multidisciplinary team approach to serve families affected by prenatal substance exposure. They were awarded a five-year grant in 2017 and began oversight of implementation work.

Implement a statewide protocol for POSC: The core team developed a POSC template and draft implementation guide. The state fully implemented POSCs at all birthing hospitals across the state after completing a three-hospital pilot, out-stationing Child Protective Services investigators at hospitals to develop the POSCs. They integrated and began tracking POSC elements into their database to align with federal CAPTA mandates, and Delaware’s legislature passed [Aiden’s Law](#), which aligns state statutes with federal CAPTA legislation. The database was created by the IDTA co-lead, Jen Donahue, in the Office of the Child Advocate. The database tracks child welfare data related to fatalities and near fatalities. The database was expanded to include information about notifications and POSCs, including referrals for the infant or caregiver. Additionally, the state developed and awarded a request for proposal to a community-based agency to implement POSCs for low-risk families screened out by DFS. The core team is also working with MAT providers to implement prenatal POSCs and to oversee low risk POSCs for mothers on MAT.

Maintain an awareness of the effects of stigma: The state has begun working with recovery coaches to build support for POSCs and has provided integrated child welfare presentations to MAT providers and clients to discuss POSCs. Child welfare investigators have also begun meeting with pregnant clients at their MAT facilities to discuss the POSCs and their role in supporting families.

ADMINISTRATIVE STRUCTURE

The core team leading the IDTA initiative reflected a strong cross-disciplinary engagement and included representation from the Chair of Pediatrics from Christiana Care Hospital; the Executive Director of Connections Community Support Programs, a substance use and MAT provider; the Deputy Director of Maternal Child Health; the Regional Director of Advocacy and Government Affairs for the March of Dimes; and representatives from the state's Division of Substance Abuse and Mental Health. The team jointly led efforts to develop and implement a statewide POSC along with legislation to align the state with federal statutes. Most of the core team also participates in the SEI subcommittee.

Delaware completed its IDTA engagement in September 2018. Ongoing implementation will be overseen by the SEI subcommittee. The committee will also support implementation of the [RPG DE Healthy Outcomes with Parent Engagement \(HOPE\) Model](#).

KEY PARTNER AGENCIES

| Delaware IDTA Core Partners | | | |
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| Subcommittee Members | | Core Team Members | Hospital Pilot Locations |
| <ul style="list-style-type: none"> Delaware Health and Human Services Nemours Children's Hospital Division of Family Services Office of the Child Advocate March of Dimes Children and Families First AmeriHealth Christiana Care Health System Nanticoke Hospital | <ul style="list-style-type: none"> St. Francis Hospital Connections Community Support Brandywine Counseling and Community Services Child Death Review Commission Fetal and Infant Mortality Review Kent Sussex Counseling Beebe Healthcare | <ul style="list-style-type: none"> Connections Community Services Health and Human Services Christiana Care Hospital Connections Community Support March of Dimes Office of the Child Advocate Division of Family Services Division of Substance Abuse and Mental Health | <ul style="list-style-type: none"> Beebe Healthcare* Nanticoke Hospital* Kent General Hospital* Christiana Care Hospital St. Francis Hospital |

PRODUCTS

- Delaware Plan of Safe Care
- Delaware Plan of Safe Care Implementation Guide (Draft)
- Delaware Request for Proposals: Oversight of Low Risk Plans of Safe Care
- Aiden's Law

CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at ncsacw@cffutures.org or 1-866-493-2758.

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